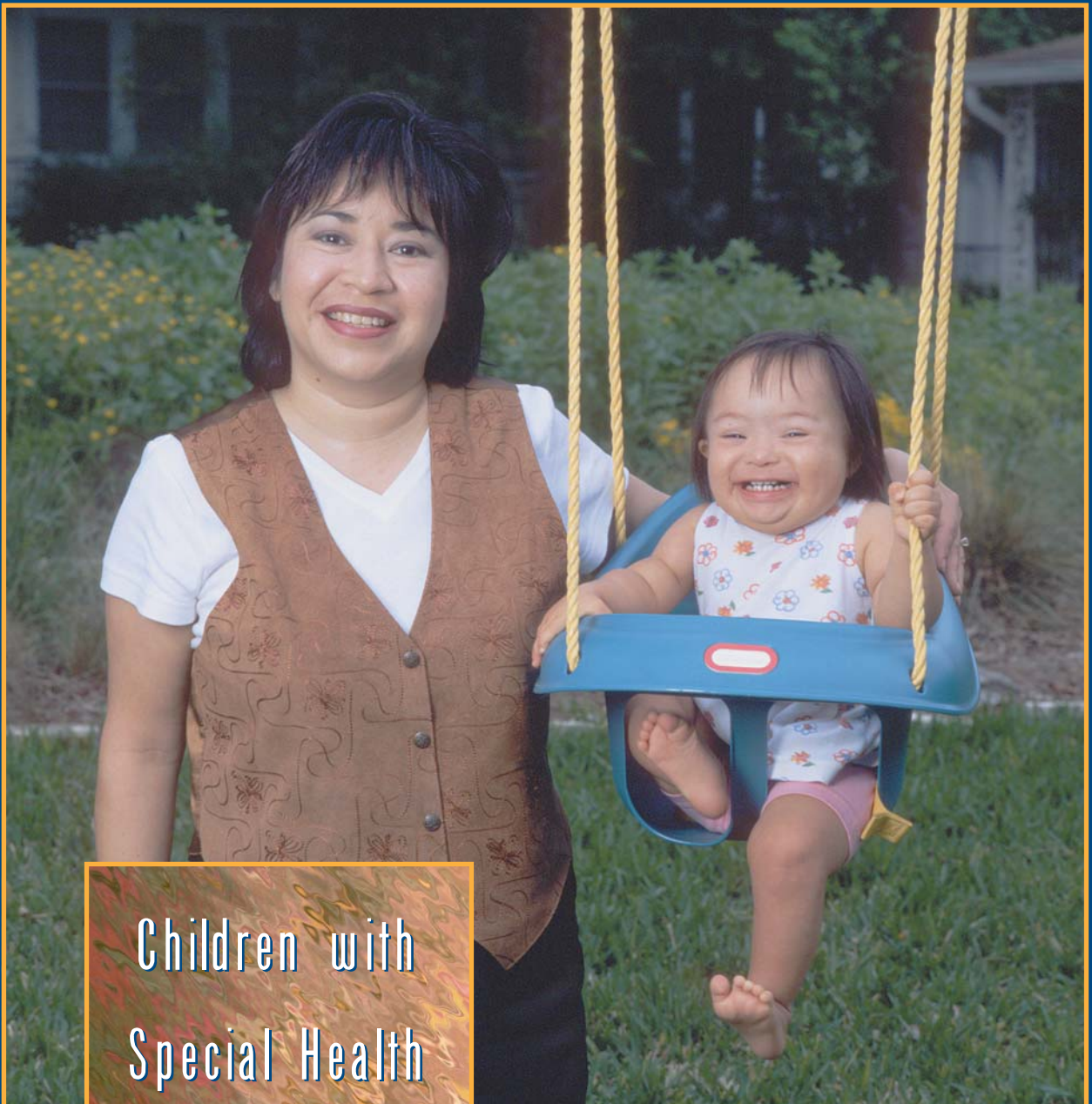


Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children

January/February 2000

Volume 9, Number 1



Children with
Special Health
Care Needs

by Mike Montgomery
Chief,
Bureau of Nutrition Services

This issue of WIC News focuses on families with special health care needs. About a year and a half ago, Civil Rights policy 07.1 went into effect. This policy was intended to decrease barriers to services that may prevent families with special needs from participating in the WIC program. I encourage you to take time to review this

member with a chronic illness or disability puts added stress on the family. A review of 17 studies in 1996 revealed that parents of children with disabilities are twice as likely to report depression compared with parents of children without disabilities. This depression is related to the long-term demands they experience. Studies

have shown that when these families and children have friends and

support within the community, they cope better with their situations.

In this issue are stories depicting

ways in which some

local WIC agencies are

making accommodations for these families.

Recognizing that families

may be experiencing grief and responding appropriately to their comments can help. Connecting families with a Medicaid case manager, helping with the process

of obtaining additional formula through the Medicaid program, or sharing information about other resources in the community are examples of how WIC can make a difference. It is important that WIC be a helping hand to these special families. ☪

Temporary reassignment

As many of you know, I have been temporarily assigned to the Bureau of Children's Health for the next few months. During this time, Gerry Cannady will act as the bureau chief for Nutrition Services. You can contact Gerry with any issues or concerns. You also can contact Barbara Keir, director of public health nutrition and education, or Debra Owens, acting director of client and contract services, or Ray Krzesniak, director vendor relations. ☪

Having a family member with a chronic illness or disability puts added stress on the family. A review of 17 studies in 1996 revealed that parents of children with disabilities are twice as likely to report depression compared with parents of children without disabilities. The depression is related to the long-term demands they experience. Studies have shown that when these families and children have friends and support within the community, they cope better with their situations.

policy to see that accommodations are being offered to families with special needs, when appropriate.

WIC is a source of support for these families. Having a family

In this issue . . .

We focus on children who have special health needs. WIC can be a source of support for many families who have children with special needs. Articles related to the theme begin on page 8.

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Local Agency 10/ Sherman-Denison



Sherman and Denison families celebrated World Breastfeeding Awareness Month in August with two separate receptions. See photos on next page for more fun.

Breastfeeding: A natural reason to celebrate

by **DeeAnn Hudson Hullart, M.A.T.**
WIC Peer Counselor

Gazing into the eyes of your baby as he nurses at your breast can cause a surge of emotion. The love you feel for him is epitomized as you breastfeed. It's more than a natural way to feed your baby—it's a natural reason to celebrate.

And celebrate we did. During World Breastfeeding Awareness Month, Grayson County WIC clinics in Project 10 honored mothers in the community who have chosen to breastfeed their babies. Two separate receptions were held at each of the Sherman and Denison sites.

Many local businesses showed their support of breastfeeding by donating prizes and refreshments for the receptions. WIC peer counselors presented each of these businesses with a certificate of appreciation.

Breastfeeding made our local news several times during the World Breastfeeding Awareness Month. Press releases announced the receptions and promoted our new evening breastfeeding support group which was started by WIC peer counselors. A reporter from the local newspaper wrote an article which discussed some of the benefits of breastfeeding. Also, the Grayson County Commissioner's Court signed a resolution making our World Breastfeeding Awareness Month an official celebration in our county.

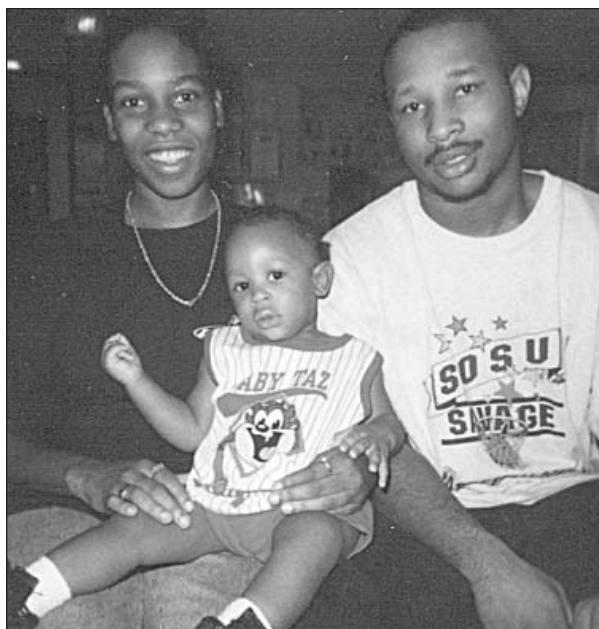
Breastfeeding facts also made news through a local television station which covered the reception in Sherman. The station's coverage included an interview with a breastfeeding mom who has successfully

Local Agency 10/Sherman-Denison (cont.)

Breastfeeding made our local news several times . . . Press releases . . . A reporter from the local newspaper wrote an article . . . Also, the Grayson county commissioner's Court signed a resolution . . . A local television station covered the reception in Sherman [and] included an interview with a breastfeeding mom who has successfully breastfed all seven of her children.

breastfed all seven of her children. She attended the reception with her second set of twins, which she is still nursing at age 2. Her oldest daughter is breastfeeding a new baby and she attended the reception also.

In addition to the August celebrations, LA 10 hosted a professional conference on Sept. 25 to teach health professionals more about supporting breastfeeding moms. It was open to WIC staff and area health professionals. Titled "Breastfeeding: What's the Big Deal?," the conference provided more than three hours of training. 🌀



Above, left, and below: Clients and staff from LA 10 celebrate World Breastfeeding Awareness Month in Sherman and Denison.



Local Agency 87 / Athens

All babies are special Some need extra-special WIC customer service

by **Glenda Conaway, L.V.N.**

Michael Brandon Jenkins, Jr. was born a little early at 37 weeks and weighed 6 pounds, 10 ounces. Unfortunately, Michael cried a great deal, displayed blood in his stools at times, and suffered from severe constipation.

WIC staff worked with parents Brandon and Holly to find a formula that would dispel his physical symptoms. He was also referred to a physician and was given a GI spectrum. The doctor ordered a prescription formula for Michael.

WIC was able to provide the formula to the family. Michael's condition has improved a great deal since. We received the following letter from the family and would like to share it because so many people at the TDH state office, as well as our local office helped this child. 🌀

Dear Glenda,

Holly and I just wanted to take the opportunity to say thank you for all you have done to help us with getting Michael's formula. It has been extremely stressful having a sick baby and going back and forth to the hospital in Dallas. It has been a blessing to us to not have to worry about how we will afford the formula.

Our number one goal, as is the doctor's, is to get him well. You have bent over backwards to help us and to go along with our physician. Please let everyone know that we greatly appreciate all of the help each person has given us. We have probably dealt with each worker there. Please let them all know how grateful we are for them and the program you offer. You will never know how you have helped and blessed our family in our time of need.

I know working a job like that is hard and stressful. We think you all deserve some praise and recognition for all the hard work you have done. Again, thank you very much for helping us with the baby.

Sincerely,

Brandon & Holly Jenkins

Local Agency 65 / Texarkana

Coupons, get your coupons
Coupons, get your coupons

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While participants wait for vouchers, they peruse stacks of coupons

WIC staff in Texarkana have organized a coupon system for their customers to help with their grocery bills.

While participants wait for their vouchers to be printed, they may peruse stacks of coupons which are divided into three containers. One container is for baby items, another is for food items, and another container offers miscellaneous items.

Staff clip coupons and add to the bounty each week. Clients seem to like having the coupons already clipped and organized.

This idea supports the suggestions for saving money in the "Shop and Save" pamphlet that our clients receive at recertification times.

LA 65's attitude about coupons is "clip 'em and save." Instead of throwing coupons away, they bring them to work. ☀



The story of J. T.

Special health care needs impact his whole family on a daily basis

by Roxanne Robison, R.D., C.S.P., C.S.H.C.N.
Nutrition Consultant

J. T. is a 22-month-old boy with cerebral palsy. He lives with his mother and father, his 11-month-old sister, and 5- and 8-year-old brothers. J. T. was born prematurely at 28 weeks gestation because of a condition called placenta abruptus. This story is an example of how WIC can help families with special health care needs by accommodating the needs of the family.

In J. T.'s case, this meant that 70 percent of the placenta tore away from the uterus during pregnancy. His mother started hemorrhaging and was rushed by ambulance to the hospital where an emergency cesarean section was performed.

J. T. experienced anoxia, or lack of oxygen, to his brain and central nervous system. He remained in the hospital for 4 months. He was unable to eat by mouth, so a gastrostomy tube was surgically inserted into his stomach so that feedings could be delivered directly.

He was unable to breathe on his own in the hospital and relied on a respirator. He continued to be unable to breathe fully on his own at time of discharge, therefore a tracheostomy tube was inserted to allow breathing through his neck.

J. T. was sent home with 24-hour-a-day nursing care required. But, the family's insurance company has since decreased the allowable number of nursing care hours to 16 per

day. His mother has quit her job in order to care for J. T.

J. T. has been hospitalized numerous times for aspiration pneumonia since arriving home. He is unable to swallow his own saliva due to extensive neurological damage, and his saliva drains into his lungs. This results in conditions that can lead to pneumonia.

To prevent more episodes of pneumonia, J. T. recently had his salivary glands removed in hopes of preventing further damage to his lungs. He has also had arthroscopic knee surgery which was needed because of an infection.

J. T.'s disability requires a lot of medical equipment, so the family moved to a different home which accommodates his needs. Every day, J. T.'s care requires the following:

- His tracheostomy must be suctioned one to two times every hour, around the clock.
- Potassium chloride is given to J. T. with every feeding.

➤ Feeding tubes must be set up with a pump four times daily, which involves filling a feeding bag, hooking up the gastrostomy tube, adding some medications to the formula, flushing the tube with water, and cleaning around the tube.

➤ Nebulizer treatments, which deliver medication to the deep parts of his respiratory tract, are given every four hours to clear his lungs. Decadron, Neosynephrine, and Albuterol must be measured and added to the nebulizer.

➤ He is given phenobarbital every 12 hours to prevent seizures.

➤ Propulsid is given to J. T. every 6 hours for gastroesophageal reflux.

➤ Robinol is administered every 6 hours to dry up his secretions.

➤ J. T. receives Lasix, a diuretic, three times per day.

- J. T. takes a multivitamin supplement, as well as an iron supplement, daily.
- Bactroban, a topical antibiotic, must be applied to the stoma of his gastrostomy tube and the tracheostomy when the area becomes reddened.
- He receives Tylenol and Motrin, as needed, for pain.
- When needed, Colace is given to J. T. to soften his stools.
- J. T. must be turned every few hours so that he does not develop pressure sores.

Physical therapy, occupational therapy, and speech therapy are each provided one day per week in the home and a registered dietitian visits monthly. J. T. is also seen regularly by his pediatrician, gastroenterologist, neurologist, pulmonologist, and visits a tracheostomy clinic.

WIC provides the Pediasure for J. T. and since he is unable to be transported to the clinic, formula vouchers are mailed to the family for J. T. and his younger sister.

Arrangements were made by the WIC clinic for a durable medical equipment company to deliver all the formula J. T. needs each month, including additional formula that is paid for by Medicaid.

A dietitian from the Early Childhood Intervention (ECI) agency provides nutrition counseling, weighs J. T. monthly, and arranges for the physician to fax a prescription for Pediasure every 6 months to the WIC clinic.

This story is an example of how WIC can help families with special health care needs by accommodating the needs of the family.

Additional ways in which WIC

can help are outlined in the Families with Special Health Care Needs Policy CR 07.1 which can be found in the WIC Policy and Procedures Manual. ⚙

Some highlights of J. T.'s care

➤ J. T. was sent home with 24-hour-a-day nursing care required. But, the family's insurance company has since decreased the allowable number of nursing care hours to 16 per day. His mother has quit her job in order to care for J. T.

➤ J. T.'s disability requires a lot of medical equipment, so the family moved to a different home which accommodates his needs.

➤ Physical therapy, occupational therapy, and speech therapy are each provided one day per week in the home and a registered dietitian visits monthly.

➤ WIC provides the Pediasure for J. T. and since he is unable to be transported to the clinic, formula vouchers are mailed to the family for J. T. and his younger sister.

➤ A dietitian from the Early Childhood Intervention agency provides nutrition counseling, weighs J. T. monthly, and arranges for the physician to fax a prescription for Pediasure every 6 months to the WIC clinic.

Mom's Place helps special-needs babies breastfeed

by Maryann Todd-Thompson
R.N., B.S.N., I.B.C.L.C.
Mom's Place Clinic Director

The baby's bright eyes follow his mother's movements closely. Though Declan is over 3 weeks old, he is still in the process of learning to breastfeed. He and his mother, Chi, have had to overcome some special challenges before breastfeeding could be successful.

Declan was born with ankyloglossia, commonly referred to as "tongue tie." The frenulum—a strong band attaching his tongue to the lower jaw—extended nearly to the tip of his tongue. Tongue-tie can affect feeding and swallowing. If severe, it can lead to choking and speech problems.

Being tongue-tied made breastfeeding frustrating, because Declan's tongue could not move forward or upward to "milk" the breast. When breastfeeding continued to be difficult, Chi phoned Mom's Place, the WIC breastfeeding resource center, for assistance. She was helped with positioning and latch-on.

From Mom's Place, Declan was referred to a physician for evaluation. His mother took him to an ear, nose, and throat specialist who diagnosed the ankyloglossia. With only local anesthesia, the doctor then quickly performed a lysis or "clip" of the frenulum in this office.

"He hardly cried at all," Chi says, "and I noticed a difference in his sucking right away." Declan was able to try breastfeeding within moments of the surgery.

Chi has two older children, but



Chi and baby Declan are clients of the Round Rock WIC clinic. Mom's place helped with latch-on and referred Declan to a physician who performed a minor procedure on his tongue. Declan was able to breastfeed much easier afterward.

did not breastfeed one of her older children. She came to Mom's Place determined to master breastfeeding with Declan.

Her 3-year-old son's health problems have confirmed her instincts about the importance of breastfeeding. He was recently hospitalized with severe asthma.

"I wasn't able to breastfeed my 3-year-old son, and I wonder if that has contributed to his asthma. I know how good breastmilk is for my baby. He's going to be my last child, so I really want to give him the best he can have. I'm so grateful to Mom's Place for helping me. I couldn't have done it alone."

Chi and Declan are WIC clients from the Round Rock WIC clinic, LA 42. Chi speaks excellent English and Vietnamese. Chi was so impressed with her care at Mom's Place that she has since helped another Vietnamese-speaking WIC family succeed with breastfeeding.

"I told them how to position the

baby closely and how to latch on. I let them know how good breastmilk is for their child. Formula is only second-best next to breastmilk," she says.

Chi and Declan are still learning to breastfeed. Because Declan had received several bottles before his surgery, he still had some skills to develop before gaining full use of his tongue. Chi now reports that her baby has been breastfeeding with almost every feeding. He continues to thrive and gain weight, and his breastfeeding efficiency improves daily. At one month, Declan has gained 2 pounds, 13 ounces. Chi is pleased with their success, saying she plans to breastfeed "for as long as possible!"

Mom's Place is a functioning breastfeeding support clinic and the location of the Texas Breastfeeding Support Hotline, (800) 514-6667. ☼

Medicaid can be a source for medical nutritional products

by Nancy Sutton, R.N., M.A., P.N.P.
C.S.H.C.N. Services Program
and
Roxanne Robison, R.D., C.S.P.,
C.S.H.C.N Nutrition Consultant,
WIC Program

The WIC program can be an enormous source of assistance for families, particularly for families with children who require expensive formulas or medical nutritional products.

In some situations, however, additional methods of obtaining nutritional products may be required. Federal regulations limit the amount of formula that can be provided to a WIC participant.

Some infants and children may need more than the amount of formula WIC can provide. Also, children past age 5 who are no longer eligible for WIC benefits may need a nutritional product from another source.

For those who qualify, the Texas Medicaid Program is a potential supplier of these products. Medicaid-enrolled participants from ages birth to 21 years requiring medically necessary nutritional products may be able to receive these products through the Comprehensive Care Program (CCP) portion of the Medicaid program. Medicaid will *not* pay for standard infant formulas.

A Medicaid-enrolled vendor, who sells medical nutritional products, must get approval from Medicaid to provide the product. Once a vendor is identified, WIC

staff can assist by providing the vendor with information necessary to get Medicaid approval for the product.

Information the vendor needs includes:

- ☞ client's name and Medicaid number
- ☞ physician's name and phone number
- ☞ medical diagnosis
- ☞ weight, height/length
- ☞ growth history (or faxed growth chart)
- ☞ the product name
- ☞ the amount of product needed
- ☞ the length of time the product is needed
- ☞ a prescription signed by a doctor (or a Texas Health Steps-CCP prior authorization request form may act as the prescription)

Additional information that may be required:

- ☞ If the child is not tube-fed, a reason for medical necessity explaining why the child cannot be maintained on an age-appropriate diet
- ☞ daily caloric needs of the child
- ☞ the percent of calories supplied by the nutritional product

- ☞ other nutritional products tried and why they did not work
- ☞ any other insurance information
- ☞ whether the client has been referred to a registered dietitian

The vendor will submit, by fax or mail, the completed authorization request form to the National Heritage Insurance Company (NHIC), the company contracted to issue authorizations and pay claims for the Texas Medicaid Program. For Medicaid clients enrolled in Medicaid managed care organizations (MCO), the vendor must contact the specific MCO for authorization information.

If vendors have questions as to how to get information about billing for medical nutritional products, they can contact the CCP customer service line at (800) 846-7470 or their Medicaid provider representative. ⚙

Most ECI/WIC clients report WIC staffers are meeting their needs now

This compares to only 4.8 percent of satisfied families in 1991

by Monica Donnelly Stender, M.A.,
R.D., L.D.

WIC Program Director
Driscoll Children's Hospital

Since 1991, the Driscoll Children's Hospital WIC program in Corpus Christi has shown a dramatic increase in the numbers of families served who have children with special needs.

Only 4.8 percent of ECI families in Nueces County, most of whom were eligible for WIC, were in enrolled in WIC in 1991. Now, families report that WIC is meeting many of the special needs of their children. The last audit showed that 95 percent of ECI clients who are eligible for WIC services are benefitting from the Texas WIC program.

Our focus on special-needs nutrition has yielded additional benefits. Through WIC's better referral system, children with developmental problems receive care sooner and community partners now refer their clients to WIC on a regular basis.

Our WIC program staffers at Driscoll Children's Hospital initially considered how to collaborate the special needs of some children in 1991 when we partnered with one of our local Early Childhood Intervention (ECI) programs to provide staff training.

Surveys of ECI families, most of whom were eligible for WIC, showed that less than 5 percent of eligible ECI clients in Nueces County were enrolled in area WIC programs. Low participation rates were also reported by other groups that serve children with special

needs: foster parents, early intervention school services, etc.

Focus groups with parents/caregivers of children with special needs identified numerous issues/barriers to WIC participation. Most issues that were reported could be grouped into three major categories:

⇒ Families with special-needs children sometimes have difficulties keeping their WIC appointments.

- ⇒ Children with special needs have numerous medical and therapy appointments.
- ⇒ Many appointments are not known at the time the child's WIC appointment is scheduled.
- ⇒ Missed WIC appointments, by report, take up to two weeks to reschedule and services for the month are often missed.

⇒ Parents/caregivers also report difficulty in finding transportation to WIC since they often depend on family and friends to provide transportation to their many appointments.

- ⇒ Difficulty in using public transportation

if the child has adaptive equipment was also identified by the groups.

⇒ Another issue reported relating to the inability to keep appointments, is the family's reluctance to bring children who have suppressed immune systems into WIC clinics.

- ⇒ WIC staffers are usually not trained to identify special needs and to adjust individual counseling to meet these needs.

By report, misinformation is sometimes given to WIC clients with children who have special needs.

For example, a family was

Working with the state agency and following the American Disability Act guidelines, we developed policies and procedures that allowed us to better meet individual client special needs. Some families need nothing more than a referral to high-risk counseling or a referral to a feeding specialist. Other families need more "creative" care plans to meet identified needs.

instructed to discontinue bottle use at 12 months of age regardless of the child's ability to use a cup, straw, etc. Some children with severe oral-motor problems were moved off formula at 1 year regardless of their ability to consume an adequate diet for age.

Some families were also advised to start solid foods at a time when the child had no head control.

☞ **Because of misinformation, families perceive that WIC is not meant for children with special needs. Families have been scheduled for classes that do not meet needs.**

- ☞ Somewhat related to the above issue, parents/caregivers report that they are scheduled for classes that do not meet the child's developmental needs.
- ☞ Some families of tube-fed children were scheduled for a "picky-eaters" class.
- ☞ Another example involved a premature infant who was scheduled for classes designed for children who were meant to start solids.

☞ **In all instances, families were quick to point out that the staff was well-intentioned, but unable to meet their children's needs.**

Working with the state agency and following the American Disability Act guidelines, we devel-

oped policies and procedures that met individual client special needs much better. Some families need nothing more than a referral to high-risk counseling or a referral to a feeding specialist. Other families need more "creative" care plans to meet identified needs.

Some strategies we use to meet these needs are:

- ☞ Secure needed assessment data from physicians, home health agencies, community dietitians, etc. WIC staff can then complete the records with the family and provide individual counseling by phone. The family completes the income screen, signs the paperwork, and receives the vouchers during a clinic visit. Under rare circumstances, a home visit is needed to complete the certification, education, or voucher processes.
- ☞ Families are mailed appropriate self-paced lessons and proxies return the lesson and sign for the vouchers (home health agency personnel may act as the proxy).
- ☞ Bus tokens are given to the families, or, if qualified, they are referred to the Medical Transportation Program through TDH.

Because of misinformation, families perceive that WIC is not meant for children with special needs.... In all instances, families were quick to point out that the staff was well-intentioned, but unable to meet their children's needs.... Now, families report that WIC is meeting many of the special needs of their children. The last audit showed that 95 percent of ECI clients who are eligible for WIC services are benefiting from the Texas WIC program.

- ☞ Using satellite WIC clinics in a setting where groups of children with special needs meet.
- ☞ Developmental checklists were created for client use.
- ☞ To address other issues raised by families, we strengthened our staff training programs. The state WIC staff, our hospital, and other local agencies were invited to train WIC staff regarding services they provide as well as ways to identify clients needing these services.
- ☞ A library of books and video tapes on special-needs nutrition were purchased.
- ☞ Indicators for possible referral to needed services were made available for staff use. ⚙

Caring for a special-needs child can bring stress and grief into a family
Caring for a special-needs child can bring unconditional love—ask Tasha

MEET TASHA AND JUAN ANGEL

by Laurie Coker
Breastfeeding Promotion Specialist
and
Roxanne Robison, R.D., C.S.P.,
C.S.H.C.N.
Nutrition Consultant



Tasha Lobato Mora and her son, Juan Angel

When we first met 23-year-old Tasha Lobato Mora, we were immediately drawn to her grace, and warm smile. She introduced us to two of her three children, Matthew, age 2, and Juan Angel, age 3. As Matthew headed straight for the playscape, Juan Angel smiled up at us from his wheelchair and signed, “more,” indicating he wanted additional crackers from his mother’s stash.

When Tasha was eight months pregnant with Juan Angel, she found

out he was hydrocephalic. His head was too big and he would require a shunt to drain excess liquid from his brain. Without early treatment, he might be mentally retarded.

“I was at work when I found out” Tasha says, “and I started to cry. How would I take care of him? Suddenly seven people in my office surrounded me and told me they were all the parents of special-needs kids. They got on the Internet, called places, and put me in touch with people. They were my backbone.”

The next 3 weeks Tasha had a weekly amnio test. When her baby’s head was the size of a 2-week-old newborn, the doctors had to birth him immediately. They did not expect Juan Angel to live, but Tasha says, “he proved everyone wrong. He is a strong little guy. Of all the men and women I know, I don’t respect anyone more than my son!”

The Moras were told Juan Angel’s condition was not genetic—it just happened.



From left, Juan Angel, Tasha, and Matthew at the playground

“The only time I get angry,” laments Tasha, “is when people stare at us when we go out, or nudge each other. Do they think we’re blind?”


‘Juan Angel is the best thing that ever happened to our family,’ says Tasha. ‘Before he got here, we took everything for granted. He taught us unconditional love.’

“One day, we were in McDonald’s watching Christina on the playscape. I looked at Juan Angel’s little face

and saw how badly he wanted to follow his sister. I held him to my chest, with everyone staring, and climbed all the way up the tunnel backwards. I was sweating when we reached the top and had to catch my breath before we went back down. The tunnel had all these great sounds and we could hear the echo of Christina’s laughter. It was fun! And I don’t know, but I think people watching had respect for us that day.”

“It takes an hour and a half to get everybody ready, which includes loading his special chair in the car every time we leave the house. That’s why I love WIC. WIC works around my schedule, has our cards ready, and calls in his prescription ahead,

saving us about 2 hours of clinic time. If the formula is in stock and I’m already on the road, we swing by and pick it up or WIC will have the formula delivered.”


 When Christina and Matthew were babies, Tasha attended WIC classes and found them very helpful, but with a special-needs baby there are doctors, nurses, ECI staff, and caseworkers giving her all the information she needs.

“All I need from WIC is the formula, the vouchers. The Northeast Clinic in Austin is the best in the

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world. There's a ray of light when we walk through their door. They smile and say "Hi, Tasha! Hi Angel!" If we've been to the doctor, they say "Bring in his current weight check."

 Juan Angel gets tube feedings at night, but the Moras' private insurance refuses to pay for formula sold over the counter.

WIC has been there for the Moras for support, including supplying some of the formula.

"When we got out of the hospital and first saw how costly our most expensive formula was, we were told WIC could help.

"I always love the ladies at WIC . . . [because] every once in a while as a mother of a special-needs baby, you break down. And I was about to sign the card [for the formula] and I saw \$998.45 and I bawled! And the



Above, Tasha plays with Juan. Below Matthew shows Juan the items he's placed in a bucket while Tasha helps Juan hold the container.



WIC ladies said 'Tasha, it's OK.' And I said, 'But you guys don't understand. This is so expensive. I don't know what I'd do if you guys weren't helping me.' And I was just crying, but they said, 'don't worry, that's what we're here for.'"

I wish WIC had information for families like ours. Support groups such as Pilot Parents, Lost Dreams, or New Beginnings help parents accept this part of life.

"I don't just want my son to stay alive. I want him to *live* life, to enjoy life. That's what we're trying to do for as long as we can." 🌻

Bundled up in a WIC cocoon

WIC's care for Kara reaches out to all her caregivers and comes back to surround her

By Wilma Moss
WIC Nutritionist
LA 87 in Mt. Pleasant

Kara is now 3½ years old, but she looks as though she's about 2. A metabolic disorder, methylmalonic acidemia (MMA), was discovered in Kara soon after her birth.

MMA is a condition Kara will deal with all of her life. It's a combination of inherited metabolic disorders that cause the build-up of acids in the body. When the build-up of acid reaches a point, severe acidosis and ketosis can follow. Infection or a high dietary protein intake may cause these episodes of acidosis. Untreated acidosis leads to coma followed by death.

When an infant is born, some of the signs of MMA include refusal to eat, poor sucking ability, vomiting, dehydration, lethargy, and acidosis (which is determined through blood tests).

When Kara was born in Mt. Pleasant, Texas, an alert pediatrician ordered her air-lifted to Children's Medical Center in Dallas, where the Genetics and Metabolic Department team took over her care.

Children with this inherited disorder can't metabolize four commonly-occurring amino acids and some fats in the normal way. These amino acids are found in all foods that contain protein. In untreated patients with MMA, toxic substances build up, causing the nervous system to not maintain or sustain normal body functions.

Left untreated, MMA may result in mental retardation or death. Some infants don't survive their first attack of acidosis. Fortunately, this condition is rare.

Kara's diet must be closely controlled and her intake of protein must be severely limited. However, another problem evolves because Kara can't get enough protein in the foods she's allowed to eat for her to grow properly.

Because of her special diet, she must eat special medical food that is high in protein but does not contain the

amino acids her body cannot handle. The name of the special food is Propimex. Propimex-1 is for infants and toddlers and Propimex-2 is made for children and adults.

The staff in Mt. Pleasant have had Kara on the WIC program since shortly after her birth. The formula is expensive and must be ordered through a medical product company. It doesn't taste good, and getting a baby or child to eat it is sometimes difficult. But, not following the MMA diet can cause poor growth, mental and nervous system damage, or death at any age.

Since Kara's first visit to WIC, the staff has regularly weighed and measured her and taken notes on her diet each month as her mom comes in for formula delivery. This information is forwarded to the metabolic dietitian at Children's Medical Center who works with Kara and her mom. This helps her whole medical team keep up with how Kara is progressing in between visits to the Center.

An infection or virus causing vomiting and/or diarrhea while on the high-protein intake can cause a life-threatening, acute episode. In March, it was necessary, due to low weight gain following an acute episode, for Kara to have a feeding tube inserted into her stomach. Her special food is now given to her through this feeding tube. In spite of this recent acute episode, Kara is now doing well. ☀

Children with this inherited disorder can't metabolize four commonly-occurring amino acids and some fats in the normal way. These amino acids are found in all foods that contain protein. In untreated patients with MMA, toxic substances build up, causing the nervous system to not maintain or sustain normal body functions. Left untreated, MMA may result in mental retardation or death. Some infants don't survive their first attack of acidosis. Fortunately, this condition is rare.



WIC and ECI: Helping infants and toddlers in Texas

by Betsy Rashin, L.S.W.

Easter Seals of Central Texas ECI Program

You may have seen children like these in WIC clinics:

- ☞ A 10-month-old can't seem to sit up. She props herself up with her hands, but then she can't use her hands to play with toys.
- ☞ A 6-month-old shows little change in his facial expressions and vocalizations and just doesn't seem to respond to others.
- ☞ An 18-month-old communicates using only gestures and grunting sounds.

All three children show some signs that something is not quite right with their development.

Did you know that your community has a resource to help these children and others with developmental problems or conditions? You can suggest that they call Early Childhood Intervention (ECI). ECI has a statewide toll-free line, the ECI Care Line, (800) 250-2246, which is open 8 a.m. to 5 p.m., Monday through Friday, to answer questions about ECI services, make referrals to local programs for services, and order brochures. Anyone can call the ECI Care Line.

ECI is a coordinated system of services in every Texas county available for children from birth to age 3, who have developmental disabilities or delays. ECI supports families to help their children reach their potential through services including:

- ☞ screening and assessments (nutrition services, as well as developmental, hearing, and vision services)
- ☞ family education and counseling
- ☞ physical, occupational, speech, and language therapy
- ☞ learning and special instruction
- ☞ coordination of needed social and health services

ECI services are provided at no cost to the family, regardless of income. Federal regulations require all professionals to refer a child to ECI within two working days of identification of a suspected delay.

There are three ways a child can become eligible for ECI services:

- ☞ developmental delay (as described above in the examples) in one or more areas including: motor, communication, or social-emotional. These are children who seem to be slower than others their age in learning to sit up, walk, talk, or understand others.
- ☞ medical conditions known to lead to delay. Children who have a medically-diagnosed condition with a high probability of resulting in delays in development are automatically eligible for services. There is a list of conditions in the ECI referral brochure, which should be available in your WIC office or by calling (800) 250-2246.
- ☞ atypical development. These are children who are behaving differently than other children their age.

Refer children to ECI if you suspect delay or are just concerned. Anyone can refer a child to ECI: parents, professionals, friends, or family. The ECI program staff determine eligibility through an assessment of the child. Families say they appreciate the support they receive and also the services provided to their children. There's no better way to make a positive difference in someone's life than to provide help when it is needed.

Call (800) 250-2246 for referral to a local program. You can also call this number to receive ECI brochures for WIC participants who may have questions about their children and the ECI Program. ☎

WIC Clinic Q & A

by Mimi Kaufman, M.S., R.D., L.D.,
C.S.H.C.N.

Nutrition Consultant

Q A mother came in to certify her new baby today. She says her baby needs to be on Prosobee because his PKU test was high. Is this the right formula for a baby with PKU? The formula policy says that WIC does not issue PKU formulas.

A No. Prosobee would not be the right formula for PKU. The PKU test is the old name for the heel stick test that all babies get within 24 hours of their birth and again at 7 to 14 days of age. The real name for this test is the Newborn Screening Test which, in Texas, tests for five different genetic disorders:

- ☞ PKU (phenylketonuria)
- ☞ galactosemia
- ☞ sickle cell anemia
- ☞ CH (congenital hypothyroidism)
- ☞ CAH (congenital adrenal hyperplasia)

If not treated, these disorders can cause severe mental retardation, serious illness, or even death. Both PKU and galactosemia are treated by restricting specific foods starting in the first week of life. Treatment is continued into adulthood.

PKU makes it impossible for the body to break down protein and must be treated early to prevent severe mental retardation. The brain damage can be prevented by a special diet low in the amino acid, phenylalanine.

Newborns with galactosemia cannot tolerate lactose (milk sugar), so all milk products must be elimi-

nated from the diet. Soy formula is the standard food for infants with galactosemia.

See also, the provision of services to families with special health-care needs in WIC Policy CR:07.1 in the WIC Policy and Procedures Manual.

Q We have a family with three children who always have runny noses when they come in. Are they considered a family with special health-care needs?

A No, children with special health-care needs meet the following criteria.

- ☞ They have a health condition which has lasted or will last for at least a year.
- ☞ Their health condition results in limitation of function, activities, or social roles when compared with healthy children the same age in the areas of physical, cognitive, emotional, and social activities.
- ☞ They need more medical, psychological, or educational services than usual for other children their age.

The same WIC policy (CR:07.1) applies when other family members have special health-care needs which prevent the family from participating in WIC activities. This includes pregnant, breastfeeding, postpartum participants, or the parent or guardian of a participant. If the fam-

ily takes care of another family member and cannot be away from that family member because of illness, this family also qualifies for accommodations.

Q Why do we have WIC Policy CR:07.1? I thought that all of the WIC activities were very important for the health of the participant?

A WIC services should help families. It should not be a barrier. Many families feel uncomfortable sitting through a class that discusses what children the same age as their child should be eating, when their child does not have the feeding skills as another child of the same age. Also, many children with special health-care needs cannot be exposed to the common childhood illnesses that we see every day in a WIC clinic. Some children must have machines to help them breathe, or they may need other mechanical aids which are difficult to transport. These families are going to several physicians or therapy appointments each week, which may tire them and their child, further endangering their health.

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Q What accommodations are we allowed to make for families with special health-care needs?

A Regarding certification:

- Medical information including height, weight, medical history, or dietary prescriptions can be accepted from the child's medical provider or caregiver either verbally, by fax, or by mail.

Regarding food issuance:

- Food vouchers can be mailed to the home or food delivery can be arranged.

Regarding nutrition education:

- Give the participant or caregiver the option of attending nutrition education classes.
- A staff R.D. who is knowledgeable in the area of special needs can provide individual counseling in the WIC office, by telephone, or through home visits.
- The counseling provided by a qualified outside source, like an R.D., L.D., or G.I. specialist can serve as a nutrition education contact.
- The participant can be referred to a qualified outside source for individual counseling.

Q Who decides what accommodations to make?

A The CPA must review the family situation to determine if special accommodations are needed and then work with the family to determine which accommodations would be most acceptable. Don't assume anything. Many families will choose to attend WIC classes. Remember, however, that a mother of an infant or child with special needs may find it distressing to attend a class discussion about normal developing infants and children.

Q What do I do if one mother complains about having to stay for class after she sees another mother come in and pick up her food vouchers without staying for class?

A Take the mother with the complaint to another area of the clinic and quietly explain that you are working with a family who has some special health-care needs so that the family can get WIC services. Do not do this in front of the family with special needs—it may embar-

ass them. Many of these families already feel like their situation is a disruption to everyone's life. Try to schedule the appointments for the families with special needs when your clinic is not very busy and when the family will be able to get through the process easily.

Q Some of the parents are very demanding when they come in. How can I deal with them without looking like I am giving them any favors?

A Many of the parents have so many demands on them from their family, other medical professionals, or even friends that they may be short on patience. They may also be very tired from the constant care their children/family members need or they may have health problems themselves. Showing them that you care and are willing to meet their needs may diffuse the situation. Take a deep breath, smile, and then respond calmly to their questions. You will probably see a big turnaround in your relationship. ☺

'Get a Taste for Health' in March

Before you know it, March will be here and **National Nutrition Month** will be underway. This year, the WIC theme is "Get a Taste for Health." The state office will provide bulletin board materials to WIC clinics before March. The bulletin board materials will feature your clients' favorite foods. Information on ordering the bulletin board materials is available at your local agency.

Besides the bulletin boards, consider offering special activities during National Nutrition Month. Last year, several WIC clinics held parties or health fairs.

In **Kingsville, LA 88** hosted a celebration for both the community and WIC clients. Their party featured folklorico dancers, cooking demonstrations with low-fat recipes, food samples, and Kid's Club activities for the children.

LA 12 in Hidalgo County took National Nutrition Month to Albertson's grocery store. They arranged a WIC information table with pamphlets about the program and nutrition. Staff answered the shoppers' questions.

In **Bryan/College Station, LA 32** organized a health fair at a local mall. They gave children fun, informational coloring sheets, magnets, and stickers. The adults received recipes, *Food and Family* magazines, and poison-control information.

Besides celebrations and health fairs, WIC clinics can highlight National Nutrition Month in many other ways. If your clinic has voice mail, include a short nutrition message. Or, create game-like atmospheres by passing out five fun stickers to mothers at the end of each class. Tell the mothers to reward their children with one sticker for each fruit or vegetable they eat during the day. (Staff can also give stickers to the kids and let them give the same reward to mothers.) 🌀

Calendar of events

March

March is National Nutrition Month. See the story to the left.

April

April 24-26—The WIC Nutrition Education/Breastfeeding Promotion Workshop will be held at the Doubletree hotel in Austin. Call Lynn Silverman at (512) 458-7440 for details.

October

Oct. 13-14—The Third Annual Texas Breastfeeding Summit will take place at the Houston Marriott West loop (by the Galleria), at 1750 West Loop South, in Houston. The summit is sponsored by TDH, the Houston Area Lactation Consultants and Educators Association, the Children's Nutrition Research Center, and the Healthy Mothers Healthy Babies Coalition. For more information, call (512) 406-0744 or visit our website at www.tdh.state.tx.us/lactate/courses.htm

To add items to the calendar of events,
e-mail information to
wendy.hazelwood@tdh.state.tx.us
or mail to:
Texas WIC News, 1100 W. 49th St.,
Austin, TX 78756.

Resources and information just for the asking

by Laurie Coker
Breastfeeding Promotion Specialist

Early Childhood Intervention information packets available

The ECI program is the state agency that serves Texas families with children from birth through age 3 who have disabilities or delays. A comprehensive referral packet is now available for health professionals who counsel and refer children with learning disabilities. Just call the ECI Care Line at (800) 250-2246 or check their web site at www.eci.state.tx.us. The packet, developed by Easter Seals of Central Texas, is called *Watch Us Shine*, and contains the following:

- An Easter Seals of Central Texas brochure and program information packet and folder.
- A *Make a Difference to Texas Babies* poster with detachable ECI rolodex card and order form for obtaining ECI state agency materials in the packet.
- A packet called *From Newborn to Three Years* features information about the ECI Care Line for parents who have concerns about how their child is growing, and answers questions about the ECI program.

➤ An *Early Childhood Intervention and Follow-Along Program* brochure, describing ECI services. Although it contains Easter Seals of Central Texas phone and fax information on the back panel, this basic information reflects any local ECI program information.

Baby Bundles for high-risk infants

If your Texas WIC clinic has mothers with high-risk infants who would benefit from a Texas Volunteer Health Corps Baby Bundle, call Beverly Rawlings at (512) 458-7712 or fax (512) 458-7416 and Baby Bundles will be sent to your clinic.

Volunteers in nursing homes, juvenile homes, and women's prisons throughout Texas make and donate Baby Bundles items.

Baby Bundles include a hand-made baby quilt or blanket, pajamas or baby sacque, a *My Baby* baby book, a stuffed toy or rattle, and information on breastfeeding and health-related resources — all in a canvas tote bag.

Texas Health Steps medical case management

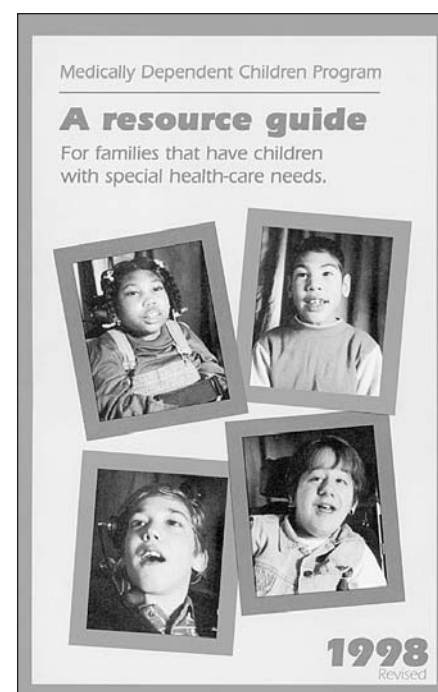
Case management is a service provided by a case manager to help families get the services their children need. Case management services are available for eligible Medicaid clients through the High Risk

Pregnant Women/Infants Program or the Texas Health Steps Medical Case Management Program.

If you believe a child could benefit from these services or if you have questions or need help in getting a medical nutritional product, contact one of the Texas Department of Health's regional offices and ask to speak to social services.

To make a referral to THSteps medical case management, call toll free (877) THSTEPS or contact Margaret Bruch at (512) 458-7773, ext.. 3045. (Do not call the local Medicaid office. This office usually just handles client eligibility issues.)

Medically Dependent Children Program: A resource guide



The 1998 revised version of this resource guide is for families and others with an interest in resources for children with special needs. It's available by calling the Baby Love and Medically Fragile Children's Information and Referral Line: (800) 422-2956 or (800) 252-8023, ext. 3061.

The guide includes information about Medicaid waiver programs, medical assistance programs, case management services, and state and national organizations.

It is not a complete listing of services. For additional services not found in the resource guide, ask the Baby Love and Medically Fragile Children's Information and Referral Line operator for assistance.

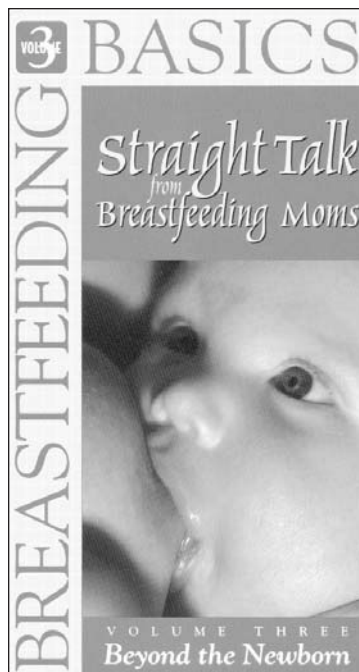
New breastfeeding videos available through TDH audiovisual library

Two new breastfeeding videos from Injoy Productions are now available for loan to WIC clinics through the Texas Department of Health Audiovisual Library.

⇒ *The Breastfeeding Game*, set in a TV game show format, is 22 minutes of information on the health benefits of breastfeeding. Three couples compete for prizes by answering questions posed by the emcee under these topics:

- ⇒ Breastfeeding: Myth or fact
- ⇒ Time and money
- ⇒ For the health of it
- ⇒ Breastfeeding today: Modern concerns

A doctor addresses concerns of the contestants — a couple whose boys breastfed for over one year, a couple expecting their first baby, and a newly breastfeeding mom and the baby's grandmother.



Commercial sponsors promote Mother Nature Foods whose slogan is "Breastfeeding: Food for the Soul." This video shows parents bonding with the breastfed baby and Dads discovering ways to nourish a baby. Breastmilk is advertised as "the most nutritious fast food your baby will ever eat."

⇒ *Straight Talk from Breastfeeding Moms* is 21 minutes of relaxed conversation between five moms sharing their breastfeeding experiences with each other. Family support, sex, social life, working, daycare, pumping and storing breastmilk, common problems, teething, starting solids, extended nursing, and weaning are topics discussed, as well as the rewards and intimacies of breastfeeding.

WIC staff may borrow either video for up to 3 weeks by calling (512) 458-7610. The library will include a facilitator's guide from Injoy Productions and a Texas WIC lesson with each video. These may be used if staffers wish to include them in their breastfeeding lesson plans.

Exhibit boards

If you would like to purchase a portable exhibit board to exhibit breastfeeding and other nutrition information at fairs and workshops, you may. This is an allowable breastfeeding expense.

To receive by fax a list of HUB (historically underutilized business) vendors who may sell display boards, call Laurie Coker at (512) 458-7111, ext. 3573. ☎

Counseling at a time of loss

by Jewell Stremmler
Peer Counselor Coordinator

Peer counselors know our hardest moments when we encounter a mother at a time of loss. Some of the hardest work we do is knowing that we really can't do anything to solve the mother's problem, but our support is invaluable.

A peer counselor may help a mother who has had a miscarriage, or lost an infant, or has an unexpected illness during pregnancy.

Counselors may see moms who have an infant who is ill or handicapped or has a cleft palate. They may assist someone who had an unexpected pregnancy outcome.

These are just a few examples of times a breastfeeding peer counselor may find herself supporting a woman who is going through the grief process.

Peer counselors may encounter women who are in the midst of family crisis, divorce, family violence, death, or chronic illness of a family member. Even teen pregnancy without family support or a disappointing birth or breastfeeding circumstance can cause a woman to experience the stages of grief: shock, denial, anger, bargaining, guilt, and acceptance.

Help with breastfeeding, refer other needs

Breastfeeding counselors need to recognize that we cannot solve all our clients' problems. Sometimes the best we can do is listen.

When appropriate, we can help a

grieving mother establish breastfeeding.

Often, the counselor can recommend an appropriate support group. Examples are support groups for pregnancy loss, SIDS support, Compassionate Friends (loss of a child), hospice family support (loss of an adult), hospitals may have information on support groups for parents with babies in NICU.

Local agencies should have a list of referral resources readily available so counselors can make appropriate referrals.

Recognize the stages

Counselors should be trained to recognize when a client is going through the grief process. Being

familiar with the stages of grief and how a person may react when dealing with their grief helps counselors make appropriate responses. The segment on counseling during the grieving process in the WIC Breastfeeding Peer Counselor Manual is based on the work of Elisabeth Kubler-Ross in her book, "On Death and Dying." She examines the stages of grief and gives us a reference for recognizing and responding to them.

Shock is intense

Often, shock is the immediate reaction to a crisis. This stage is intense, but brief. A mother may express disbelief, seem disoriented, and be unable to listen or make deci-

Often, the counselor can recommend an appropriate support group.

Examples are support groups for pregnancy loss, SIDS support, Compassionate Friends (loss of a child), and hospice family support (loss of an adult). Also, hospitals may have information on support groups for parents with babies in NICU.

Local agencies should have a list of references readily available so counselors can make appropriate referrals.

Peer counselors know our hardest moments when we encounter a mother at a time of loss. Some of the hardest work we do is knowing that we really can't do anything to solve the mother's problem, but our support is invaluable.

sions. It may be appropriate to call a family member, neighbor, or friend to stay with her.

Denial means disbelief

When a mother is in true "denial" she honestly is unaware of the situation. She may say, "No, I don't believe it." It's not the peer counselor's job to convince her otherwise or to break through the denial. All we can do is offer support.

Anger needs to be talked through

Anger may be harder to identify because people may hold their anger in. It may be misinterpreted as being cold or unfeeling or as denial.

Anger may not be expressed in a logical way. She may become angry at anyone involved, including herself.

The best response to anger is silence. The mother needs to talk through her anger, even if she is repeating the same thing over and

over. Don't be tempted to answer back or try to rationalize with her during this stage.

Bargaining to gain control

Bargaining is the result of attempting to gain control over a situation that is intolerable. The mother will bargain with God, with herself or anyone who will listen. In this situation she believes her promises are real and she is sincere.

Guilt is difficult

The mother will often blame herself over and over. Reassurance such as, "It sounds like you did the best you could," can be a good response. Sometimes all we can say is, "Yes, I know it hurts."

Acceptance

When the mother starts to look for positive sentences like, "At least he didn't suffer," or "At least, it's over now," we see signs of acceptance.

A mother may pass through these stages in a different order, or may go back and forth between the stages before she is able to cope or let go of her grief. By knowing where she is in the process, we can understand her feelings and do a better job of consoling her.

You, the counselor, should not attempt to compare the mother's grief with anything you have experienced. This takes the focus off her and puts it on you. Don't say, "I know how you feel."

However, it might be acceptable to say, "I had a loss, too. I remember how hard it was." But stop there. It is not the time to share your story. Let your experience help you be a better listener.

Sometimes listening is the best we can do, focus on helping the mother with breastfeeding when appropriate and have those referral numbers handy.

For more information, see the Class 4 handouts from the WIC Breastfeeding Peer Counselor Training Manual, Class 4 H-10 through H-12 or the Kubler-Ross book. ☀

For better customer service Be prepared and take that extra step

A little preparation and thought can go a long way to make your day and the participant's day go much smoother.

Don't you hate it when you get a late start on your day? As you rush to get dressed, you realize the blouse you put on has a big spot on it, your stockings have a run, and the dog just ran out the door and refuses to return. Doesn't he know you're late?

You rush to work and into the clinic and the first sight you see is a room full of participants who would rather be somewhere else. UGH! And your work day hasn't even started. These are called bumps in the road.

A participant may have experienced a bump in the road right before she has stepped into your clinic and unfortunately you may be the one she will take it out on.

The Information and Response Management (IRM) Section receives calls every day from participants who have hit a bump in the road, some bigger than others. The bumps that can be alleviated by WIC are the bumps addressed here.

Some of the following situations may be in policy and others may not. All of the following are examples of calls received through IRM.

Q A woman has just had her baby and has an initial certification appointment for her infant in five days. The woman is in need of for-

mula. Can WIC provide sample formula and if so, how much?

A In WIC Policy FD: 24.0.1, Use of Contract Formula Samples, there are guidelines on when to provide contract sample formula and how much to issue. Contract sample formula should be issued to WIC participants or to individuals who have requested an appointment or applied for WIC benefits that day. This means that a person does not have to be a WIC participant to receive contract sample formula. Contract sample formula is usually issued when the baby is born and the mother needs some formula until her infant's WIC initial certification appointment. The formula can be provided whether the mother was or was not receiving WIC benefits when she was pregnant.

Q A participant is trying to

reach her clinic to schedule an appointment and knows that the clinic is open but no one is answering the telephone. Or, the participant calls the clinic during normal business hours and the clinic answering machine picks up and states to call during normal business hours. How can this participant communicate with the WIC staff?

A It is recommended that a procedure be put into place on how to handle increased phone calls. Answering machines are allowable WIC expenditures and can be helpful if used appropriately. If your clinic does not have an answering machine, ask your WIC director if one can be purchased and installed. Be sure to keep the message accurate and current.

Q An 18-year-old pregnant WIC applicant states that she works full time, lives at home, and purchases her own food. Does this applicant have to provide proof of income for all household members or wait to reapply when she moves out of her parents' home?

A WIC Policy CS: 03.3, Economic Unit for Income, provides information on who can and cannot be determined as a separate economic unit. An individual who is 18-years-old, has an adequate source of income, *and* usually purchases and prepares food separately or intends to purchase and prepare

food separately after certification can be considered a separate economic unit.

The WIC-35, WIC Program Income Screening/Family Certification Form, and the WIC-19c, separate economic unit form, may be complete with only documenting the members of the separate economic unit. In the past, the entire household's income had to be determined too high before a separate economic unit could be determined. This was changed several years ago. The WIC-35 and WIC-19c must be completed and kept in the participant's file.

Q If a pregnant woman received food vouchers two weeks before she delivered, can she be certified as a breastfeeding woman in that same month and receive her breastfeeding food vouchers? For example: A pregnant woman has her nutrition education class appointment on Sept. 7, her baby is born on Sept. 21, and she has an initial certification appointment for her infant on Sept. 28. Can she be certified as a breastfeeding woman on Sept. 28 and receive breastfeeding food vouchers for October so that she does not have to return in one month?

A Yes. A woman does not have to receive her last set of pregnancy food vouchers. She can be certified as a breastfeeding or post-partum woman within the same month she received her pregnancy food vouchers. She will not receive two sets of food vouchers to be redeemable within the same month. In the example above, the woman will

The Information and Response Management (IRM) Section receives calls everyday from participants who have hit a bump in the road, some bigger than others. The bumps that can be alleviated by WIC are the bumps addressed here. . . . All the examples may be insignificant bumps to you, but if you are the participant or applicant in the above situations it could be a big bump. If you have further questions, please contact the Texas WIC Policy and Communication Section at (512) 406-0711 and ask to speak to your local agency's liaison.

receive redeemable September food vouchers on Sept. 7 and redeemable October food vouchers on Sept. 28 (with a first day to spend of about Oct. 6). This is helpful when someone has transportation problems or difficulty coming back next month.

Q A participant wants to report that a local WIC vendor will not allow her to buy an allowable WIC food item. Who should assist this participant, the local agency or the state agency?

A The staff at the state agency is always willing and happy to assist participants and local agency staff with any vendor relation situation. In this situation it is preferred that the local agency staff assist the participant because this would cause the vendor and WIC staff to communicate and develop a rapport. Check with your WIC director to see if she has developed a rapport with the manager at the grocery store. The WIC director or representative can answer many simple WIC allow-

able food questions.

Communicating and developing a relationship with store managers in your area can make life at WIC a lot easier. Things may be smoother the next time you call the vendor for a non-contract formula or need food donated for a contest.

All the examples may be insignificant bumps to you, but if you are the participant or applicant in the above situations it could be a big bump. If you have further questions, please contact the Texas WIC Policy and Communication Section at (512) 406-0711 and ask to speak to your local agency's liaison. ⚙

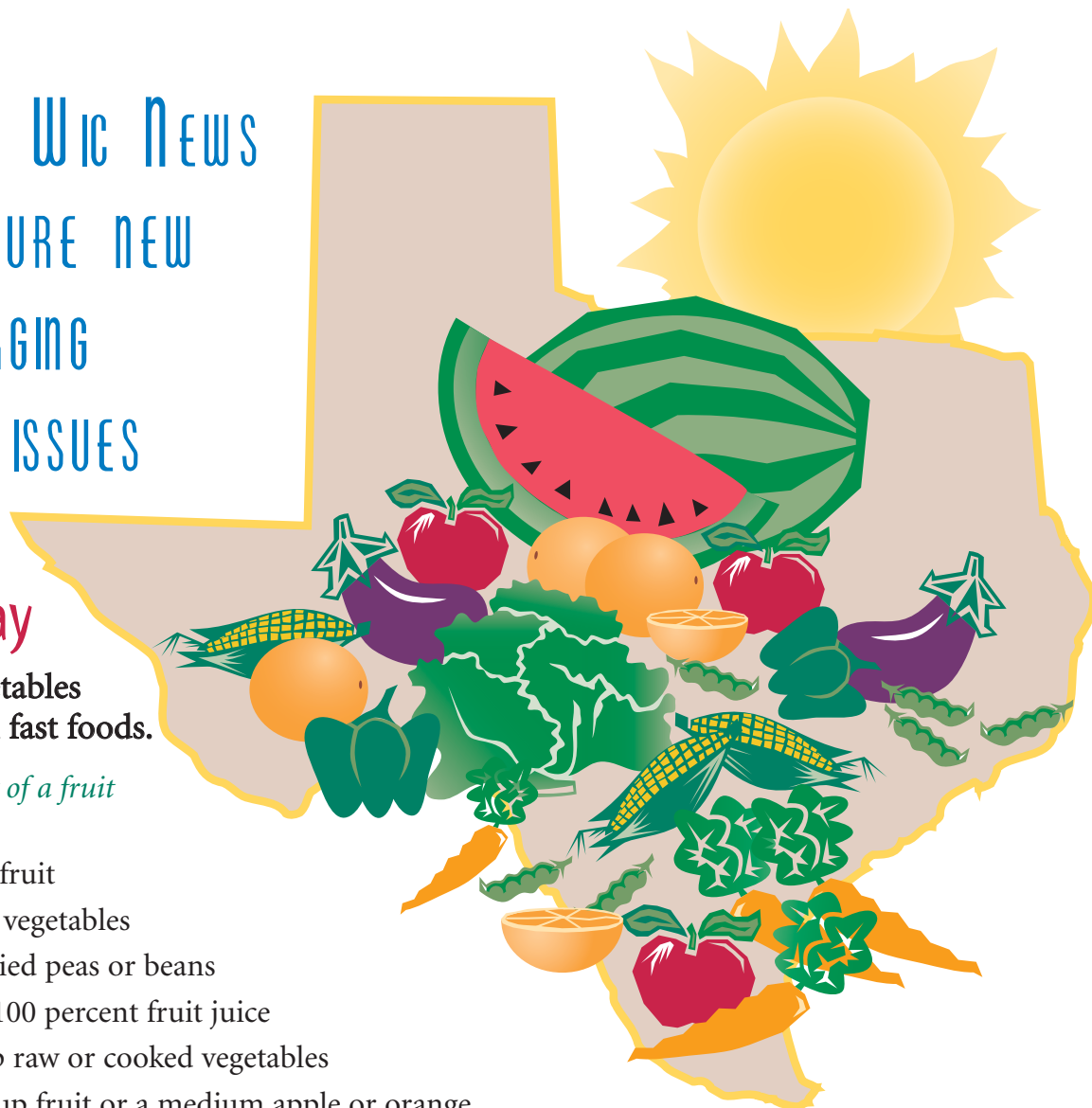
THE NEXT WIC News WILL FEATURE NEW AND EMERGING NUTRITION ISSUES

Eat 5 a day

Fruits and vegetables
are the original fast foods.

*What is a serving of a fruit
or vegetable?*

- ★ ¼ cup dried fruit
- ★ 1 cup leafy vegetables
- ★ ½ cup dried peas or beans
- ★ ¾ cup 100 percent fruit juice
- ★ ½ cup raw or cooked vegetables
- ★ ½ cup fruit or a medium apple or orange



For information about subscriptions to *Texas WIC News*, e-mail sheri.moseley@tdh.state.tx.us, or call (512) 406-0753.



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